| Fill in this information | to identify your case: | |
|---------------------------------|--|--|
| Debtor 1 | Angela Cephas | _ |
| Debtor 2 (Spouse, if filing) | | _ |
| United States Bankrup | otcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA | _ |
| Case number 15 | -11801 | Check if this is: |
| (If known) | | An amended filing |
| | | A supplement showing post-petition chapter 13 income as of the following date: |
| Official Form | n B 6I | MM / DD/ YYYY |
| Schedule I: | Your Income | 12/13 |

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for

supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Describe Employment | | | | | | | |
|-----|---|----------------------|--|---|--|--|--|--|
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 2 or non-filling spouse | | | | |
| | If you have more than one job, | Franksim aut atatus | ■ Employed | ■ Employed | | | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | ☐ Not employed | | | | |
| | employers. | Occupation | Child Care | Sous Chef | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Public Partnerships, LLC | OS Restaurant Services, LLC | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | One Cabot Road, Suite 102 Medford, MA 02155 | 2202 North West Shore Blvd. Suite 500 Tampa, FL 33607 | | | | |
| | | How long employed to | here? | | | | | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,251.35 2,673.05 deductions). If not paid monthly, calculate what the monthly wage would be. 2. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. \$ 2,673.05 6,251.35

Official Form B 6I Schedule I: Your Income page 1

| Deb | tor 1 | Angela Cephas | _ | C | Case i | number (if known |) _ | 15-11801 | | |
|-----|--------------------|---|-----------|---------|-----------------|---|------------|---------------------|----------------|------------------|
| | | | | | For | Debtor 1 | | For Debtor | | |
| | Cop | by line 4 here | 4. | | \$ | 2,673.05 | 5 | | ,251.35 | <u></u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ١. | \$ | 621.78 | 3 | \$ 1 | ,406.40 |) |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | _ | \$ | 623.80 | |
| | 5c. | Voluntary contributions for retirement plans | 5c | :. | \$ | 0.00 | <u>)</u> | \$ | 0.00 | <u> </u> |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | 0.00 | _ | \$ | 0.00 | _ |
| | 5e. | Insurance | 5e | | \$ | 0.00 | _ | \$ | 584.86 | _ |
| | 5f. 5g. | Domestic support obligations Union dues | 5f. 5g | | \$ \$ | 0.00 | _ | \$ | 0.00 | _ |
| | 5y. 5h. | Other deductions. Specify: AD&D (Supplemental & Spouse) | - | | _{\$} — | 0.00 | | · | 0.00 23.92 | _ |
| | 0111 | Life & Child Life | | | \$_ | 0.00 | _ | \$ | 1.84 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | | * * | 621.78 | _ | · — | ,640.82 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,051.27 | _ 7 | | ,610.53 | _ |
| 8. | List 8a. | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0.0 | | \$ | , | _ | | | _ |
| | 8b. | monthly net income. Interest and dividends | 8a 8b | | \$ _ | 0.00 | | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | | \$ \$ | 0.00 | | \$ | 0.00 | _ |
| | 8d. | | 8d | | \$ — | 0.00 | | \$ | 0.00 | _ |
| | 8e. | Social Security | 8e | | \$ | 0.00 | _ | \$ | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | | \$ | 0.00 | 0_ | \$ | 0.00 | <u> </u> |
| | 8g. | Pension or retirement income | 8g | | \$ | 0.00 | | \$ | 0.00 | _ |
| | 8h. | Other monthly income. Specify: Child Care Information Services | 8h | ı.+ | \$ | 619.00 | <u>)</u> + | \$ | 0.00 | <u> </u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | <u> </u> | 619.00 |) | \$ | 0.0 | 0 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | : | 2,670.27 + | \$ | 3,610.53 | = \$ | 6,280.80 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | · – | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · — | | 1 Li_ | -, |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify: | ır depe | | | | - | d in <i>Schedul</i> | e J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | | \$ | 6,280.80 |
| | _ | | _ | | | | | | Combi month | ned ly income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | n? | | | | | | | |
| | | Yes. Explain: | | | | | | | - | |

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